

**DECLARATION AND POWER OF ATTORNEY
FOR ORIGINAL U.S. PATENT APPLICATION**

Attorney's Docket No. LAM1P087

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARATUS FOR SIMULATING STANDARD TEST WAFERS, the specification of which, was filed on March 31, 1999 as U.S. Application Serial No. 09/282,585.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, CFR § 1.56.

And I hereby appoint the law firm of Hickman Stephens & Coleman, including Paul L. Hickman (Reg. No. 28,516); L. Keith Stephens (Reg. No. 32,632); Brian R. Coleman (Reg. No. 39,145); Michael E. Melton (Reg. No. 32,276); Jerray Wei (Reg. No. 43,247); Robert D. Hayden (Reg. No. 42,645); Kevin J. Zilka (Reg. No. 41,429); and Dominic M. Kotab (Reg. No. 42,762) as my principal attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Send Correspondence To:

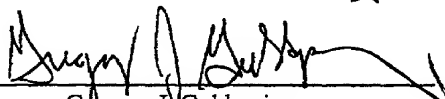
**HICKMAN STEPHENS & COLEMAN, LLP
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Typewritten Full Name of
Sole or First Inventor:


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Citizenship: United States

Inventor's signature:

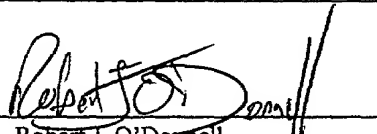
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Inventor (if any):


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